

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043636

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 208

FILED DEC 9 1963

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton | | c. CITY OR TOWN Trenton | |
| Length of stay in 1b years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Mem. Hosp. | | d. STREET ADDRESS (If outside, give location) 1424 Merrill | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Clifford Middle Wynne Last Wells | | 4. DATE OF DEATH Month Dec. Day 2 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-1-03 |
| 9. AGE (last birthday) 60 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Yard Clerk | |
| 11. BIRTHPLACE (City and state or country) Daviess Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Ray Wells | | 13b. MOTHER'S MAIDEN NAME Nell Wynne | |
| 14. NAME OF HUSBAND OR WIFE Helen Martin | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. [redacted] | | 17. INFORMANT Mrs. Helen Wells Address Trenton, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arterio Sclerosis DUE TO (c) [redacted] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [redacted] | | INTERVAL BETWEEN ONSET AND DEATH sudden | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [redacted] | | 20c. TIME OF INJURY Hour [redacted] a.m. [redacted] p.m. Month, Day, Year [redacted] | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [redacted] | |
| 20f. CITY, TOWN, OR LOCATION Trenton, Mo. | | 20g. COUNTY Grundy | |
| 20h. STATE Mo. | | 21. I attended the deceased from 1958 , to Dec 2, 63 and last saw ^{her} him alive on Dec 1, 63 Death occurred at 6:30 A .m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE E J Main (Degree or title) MD | | 22b. ADDRESS Trenton Mo | |
| 22c. DATE SIGNED Dec 2 63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DAY Dec. 4, 63 | 23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Trenton, Mo. |
| 24. FUNERAL DIRECTOR Gipson-Whitaker | | 25. DATE RECD. BY LOCAL REG. 12-4-63 | |
| 26. REGISTRAR'S SIGNATURE Irene Fair | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Leontine, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.